

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.



## FOR OFFICE USE ONLY

Postmark Date: 01/31/05

REN. 2005  
#1121  
\$110.0000

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### Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME O'RIELLY GARY L.  
Last First MI

2. BUSINESSPHONE 225-761-5126  
Area Code and Phone Number

3. BUSINESS ADDRESS 6338 DESTREHAN DR., BATON ROUGE, LA 70820  
Street and No. City State Zip

MAILING ADDRESS SAME  
Street and No. City State Zip

4. EMPLOYER GARY O'RIELLY PUBLIC STRATEGIES LLC

5. EMPLOYER'S ADDRESS 6338 DESTREHAN DR., BATON ROUGE, LA 70820  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name LOUISIANA PULP & PAPER ASSOCIATION

Address 6338 DESTREHAN DR., BATON ROUGE, LA 70820

Business or purpose ENSURING A BUSINESS CLIMATE CONDUCIVE TO THE VITALITY OF THE LOUISIANA PULP AND PAPER INDUSTRY

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

ETHICS REGISTRATION  
CAMPAIGN FINANCE  
RECEIVED  
JAN 31 PM 3:08

# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

*Gary L. Kelly*  
Signature of Lobbyist

